

PART V: ACCOUNTABILITY AND EVALUATION

The PEI component of MHSA will fund many programs and interventions new to the mental health system. The accountability and evaluation framework for PEI is intended to achieve multiple objectives:

- Demonstrate accountability to the public; i.e., show that the funds have been:
 - Used for the purposes specified in the Act
 - Used efficiently and effectively including obtaining desired outcomes
- Document progress towards meeting overall aims of PEI; i.e., measure the extent to which PEI successfully:
 - Moves the entire mental health system more towards PEI
 - Addresses the needs of ethnic/cultural communities
 - Enhances a recovery/resilience orientation and individual/family involvement
 - Utilizes more non-traditional community partners
 - Reduces stigma and discrimination
 - Increases awareness of suicide and how to prevent it
 - Reduces ethnic disparities
- Inform both policy and practice about the PEI component of MHSA; i.e., serve an ongoing quality improvement function.
- Create a co-operative learning environment among stakeholders; i.e., the system should engage stakeholders and provide opportunities for mutual sharing and learning and allow for failures with quick remediation.
- Advance the state of the art in mental health PEI; i.e., results from the system should be of high significance and credibility and add to the field's knowledge of evidence based and promising practices.
- Be objective; i.e., be perceived as valid, fair, and not unduly influenced by any of the major stakeholders.
- Be timely and feasible; i.e., produce results quickly so that success can be publicized and improvements made.
- Be sustainable; i.e., continue beyond the first few years of MHSA.

Note: Please see the Resource Materials for a “PEI Logic Model” and the “Potential Overall Outcomes of PEI Strategies”.

Section A: Evaluation Questions

Evaluation of local PEI activities will be designed to address the following evaluation questions¹.

- Individual Person/Family Level
 - Do persons/families who receive PEI services show improved mental health status/resilience and/or reduced risk for emotional and behavioral disturbances, problems, or disorders? (Refer to Appendix 1, MHSA PEI Statutory Authority, W&I Code, Division 5, Part 3.6, Section 5840)
 - Do persons/families who receive appropriate PEI services show fewer negative consequences from emotional and behavioral disturbances, problems, or disorders?
- System Level
 - How is the PEI money being spent?
 - Who is receiving services?
 - What problems/needs are being addressed?
 - What services are being provided?
 - Is money being spent according to all the rules and requirements?
 - What strategies show promise and/or evidence of being effective and efficacious?
 - What impacts are there from PEI on the mental health system and other organizations/agencies/systems?
 - What happens to referrals to mental health in terms of numbers, ethnicity, appropriateness?
 - Are more persons identified and/or served in partner organizations?
 - Are there barriers to effective PEI strategies that can be removed by local or state policy change?
 - Are PEI strategies directed towards engaging and serving ethnic/cultural communities designed and implemented appropriately?

It is anticipated that community/impact level evaluation will be conducted at the state, not the local level. For example, the tracking of changes in the incidence of mental illness or suicide rates will be done statewide, largely using secondary data sources.

¹ This framework uses the distinction between person, system, and community levels that have formed the basis for conceptualizing evaluation of MHSA activity. Link to framework description: <http://www.dmh.ca.gov/mhsa/docs/meeting/05may04/Preliminary%20Performance%20Measurement%20Concepts%20DMH%20Draft%204%2028%2005%20.pdf>).

Section B: Evaluation Components

The required evaluation components follow:

- Tracking of expenditures at the workplan level
- Semi-annual narrative reporting
- Participation in on-site program reviews
- Participation in surveying of required community program planning sectors (refer to Table 1, Page 9), PEI implementation, funding, and collaborative partners
- Conducting a local outcome evaluation of the strategies within one work plan

These components do not include whatever fiscal compliance mechanisms and program progress monitoring that will be included in the state contracts with counties that will ensure that funds are used for allowable purposes, in accordance with approved plans and state requirements.

It is anticipated that the counties will participate at a later date in the evaluation of any local aspects of the statewide initiatives on stigma and discrimination reduction and suicide prevention. The state may also conduct, in subsequent years, special studies of selected strategies and solicit county participation in these. Any future evaluation activities involving counties will be developed in consultation with the counties.

Section C: Tracking of Expenditures

The purpose of this section is to track how the PEI funds have been used. The information that will be required for each workplan in the PEI plan includes the following:

- Description of the target population for the workplans
- The number who received the prevention and early intervention strategies within the workplan
- Characteristics of those who received the early intervention, where appropriate and feasible
 - Age
 - Ethnicity
 - Culture
 - Gender
- Type of problem(s)/need(s) for which intervention was directed
- Number of services by type of service(s); e.g., screening, consultation, group counseling
- Type and nature of implementation, funding, or collaborative partner; e.g., ethnic organization, school, probation department, primary care clinic with whom the strategy is being coordinated and/or whose site is being used

- Dollars and funding source
 - PEI funds
 - Other MHSA
 - Other mental health
 - Other (an indication of amount and source of leverage)

Section D: Narrative Reporting

Counties will be required to report semi-annually (in a format that corresponds to that of the work plans), in short narrative fashion, on at least the following

- Progress in implementation of workplans in relationship to timeframes in approved plan
- Successes
- Challenges in implementation and how they have been addressed
- Changes in environmental factors that have impacted PEI efforts

Section E: Participation in On-Site Program Reviews

Counties will be asked to host a DMH-led review team once every year or two that will examine its PEI workplans. The team will be on site from one-half to two days depending on the size and scope of PEI activities. It is anticipated that this program review activity will be at some point combined with similar review activities for other MHSA components, but at this point counties should assume that they will be required to at least comply with this review of PEI activity.

Counties will be required to assist the review team in organizing and scheduling a set of interviews with at least the following:

- County mental health staff—management and staff involved in the planning for and implementation of PEI workplans
- Staff from partner agencies/organizations where or with whom interventions are occurring
- Individual persons and family members, particularly those from underserved ethnic/cultural groups
- Other significant stakeholders and participants in the PEI planning, implementation, and monitoring processes

The following are the kinds of information that will be gathered during the on-site program review.

- How have the workplans and strategies been implemented, compared to what was in the plan?
- What have the major challenges been and how have they been addressed?
- What promising practices are being implemented?
- What are the levels and quality of collaboration with partner organizations?
- What do stakeholders think about the planning and implementation process?

- How responsive have the PEI workplans and strategies been to ethnic/cultural issues and concerns?
- What state and/or local policies and/or procedures create barriers to PEI?
- What impacts have there been on the rest of the mental health system and other organizations?

Section F: Participation in Surveying of Partner Organizations

Counties will be expected to participate in whatever survey of partner organizations is implemented as part of the state evaluation. Specifically, counties will be asked to facilitate the state evaluator's access to partner organizations. Engaging non-traditional underserved and traditional organizations (refer to the "required sectors" in Table 1 on Page 9) in the provision of PEI services is a critical element of this initiative and will thus be one of the foci of the evaluation. Partner organizations ("required sectors," PEI implementation, funding and collaborative partners) will be asked about:

- Their knowledge of and attitudes toward mental health programs and services within their community including any specific ethnic/cultural issues
- Their capacity to address mental health needs in their population
- The extent, quality, and nature of their relationship with the mental health system

Section G: Conduct a Local Outcome Evaluation of One Workplan

The county will be required to conduct an outcome evaluation of one workplan of its choosing. Please refer to Form 7, "Local Evaluation of A Workplan."

The county will specify in its plan the following information:

1. Workplan to be evaluated and how the workplan and strategies were selected.
2. Person-level and system-level expected outcomes for the strategies.
3. Numbers and types of persons to receive the strategies.
4. How achievement of the outcomes will be measured.
5. How the data will be collected and analyzed.
6. How the strategy and the evaluation will be culturally competent.
7. What procedure will be used to ensure fidelity in implementing the model and any adaptations.
8. How the report on the evaluation will be disseminated to interested local constituencies.

Selected example strategies in the PEI Resource Materials identify research-based outcomes previously documented for the strategy. It is expected that a county using those strategies will use the noted outcomes for local evaluation. If a county selects strategies for which documented outcomes are not identified in the PEI Resource Materials, the county will use specific statewide outcomes to be determined jointly by DMH, OAC, CMHPC and CMHDA.